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## \*BIBDATASHEET\*

CONFIRMATION NO. 9142

Bib Data Sheet

|   |   |                                   |  |   |
|---|---|-----------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/039,753  | <b>FILING OR 371(c)<br/>DATE</b><br>01/02/2002<br><b>RULE</b>   | <b>CLASS</b><br>600               | <b>GROUP ART UNIT</b><br>1644  | <b>ATTORNEY<br/>DOCKET NO.</b><br>26473/04177 |
| <b>APPLICANTS</b><br>Stanley Hazen, Pepper Pike, OH;<br>Renliang Zhang, Cleveland, OH;  |   |                                   |  |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/259,340 01/02/2001<br>and claims benefit of 60/283,432 04/12/2001 *<br>(*Data provided by applicant is not consistent with PTO records.  |   |                                   |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 02/14/2002   |   |                                   |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>OH | <b>SHEETS<br/>DRAWING</b><br>11  | <b>TOTAL<br/>CLAIMS</b><br>22                 |
| <b>INDEPENDENT<br/>CLAIMS</b><br>6  |   |                                   |  |   |
| <b>ADDRESS</b><br>24024   |   |                                   |  |   |
| <b>TITLE</b><br>MYELOPEROXIDASE, A RISK INDICATOR FOR CARDIOVASCULAR DISEASE  |   |                                   |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>1504  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |